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DATE: October 24, 2005

TO: Examiner Martin J. Angebrannt
TC Art Unit: 1756

Fax No.: (571) 273 8300

FROM: Thomas O. Hoover

No. of pages transmitted
(including this page): 2

Our File: UMAB-021XX

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Sent by: Tanya Bellanti

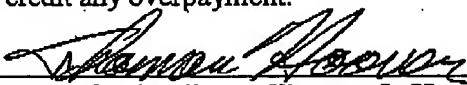
Application No. 10/077,601
Filed Date: February 15, 2002
Confirmation No.: 1545A confirmation copy of this transmission will not be mailed unless the following is checked: []
MESSAGEPLEASE DELIVER DIRECTLY TO:
EXAMINER Martin J. Angebrannt, Tel. (571) 272 1378
TC ART UNIT NO: **1756****FOR ENTRY**

Enclosed for filing please find a:

Notice of Appeal

RECEIVED
OIPE/IAP**OCT 25 2005**

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.


Attorney for Applicant: Thomas O. Hoover
Registration No. 32,470

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Rev 09/03

OCT 24 2005

Application: 10/077,601
Filed: 02/15/2002
TC Art Unit: 1756
Confirmation No.: 1545WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP
Ten Post Office Square
Boston, Massachusetts 02109
Telephone: (617) 542-2290
Telecopier: (617) 451-0313

Date: October 24, 2005

Attorney
Docket No.: UMAB-021XX

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF APPEALS

In re application of: Wu et al.

Entitled: OPTICAL STORAGE SYSTEM

VIA FACSIMILE

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated April 22, 2005 of the Examiner finally rejecting claims 1-32.

The Commissioner is authorized to charge payment of \$500.00 to Deposit Account No. 23-0804 for the cost of the Notice of Appeal.

The following checked items are appropriate:

A timely response to the final rejection:

☐ has been filed ☐ is hereby filed

An extension of time to respond to the final rejection:

1. ☐ was requested on _____ for ____ month(s);
 2. ☒ is hereby requested for 3 month(s) the Commissioner is authorized to charge payment of \$510.00 to Deposit Account No. 23-0804.
 3. ☐ is included on the enclosed amendment transmittal form along with a check in the amount of \$_____ for the extension fee.
- ☐ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under \$1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Martin J. Angebrannndt, TC Art Unit 1756, Fax No. (571) 273 8300

10/25/2005 SSITHIB1 00000071 230804 10077601

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TOH/trb
328337Attorney of Record: Thomas O. Hoover
Registration No.: 32,470